

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing

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Small PHA Plan Update  
Annual Plan for Fiscal Year: 2001

HOUSING AUTHORITY  
CITY OF  
ORD, NEBRASKA  
NE 005

**NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN  
ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

## PHA Plan Agency Identification

**PHA Name:** Ord Housing Authority

**PHA Number:** NE 005

**PHA Fiscal Year Beginning:** 07/2001

### PHA Plan Contact Information:

Name: C. Daniel Anderson

Phone: 308/728-3770

TDD: 308/728-3770

Email (if available): ordhouse@micrord.com

### Public Access to Information

Information regarding any activities outlined in this plan can be obtained by contacting:  
(select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices

### Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices
- ☐ Main administrative office of the local, county or State government
- ☐ Public library
- ☐ PHA website
- ☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☒ Main business office of the PHA
- ☐ PHA development management offices
- ☐ Other (list below)

### PHA Programs Administered:

☐ Public Housing and Section 8      ☐ Section 8 Only      ☒ Public Housing Only

**Annual PHA Plan****Fiscal Year 2001**

[24 CFR Part 903.7]

**i. Table of Contents**

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

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## **ii. Executive Summary**

[24 CFR Part 903.7 9 (r)]

At PHA option, provide a brief overview of the information in the Annual Plan

### **1. Summary of Policy or Program Changes for the Upcoming Year**

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

None

### **2. Capital Improvement Needs**

[24 CFR Part 903.7 9 (g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. ☒ Yes ☐ No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$191,453.00 (Actual)

C. ☒ Yes ☐ No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

#### **(1) Capital Fund Program 5-Year Action Plan**

The Capital Fund Program 5-Year Action Plan is provided as Attachment C

#### **(2) Capital Fund Program Annual Statement**

The Capital Fund Program Annual Statement is provided as Attachment B

### **3. Demolition and Disposition**

[24 CFR Part 903.7 9 (h)]

Applicability: Section 8 only PHAs are not required to complete this section.

1. ☐ Yes ☒ No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to next component ; if "yes", complete one activity description for each development.)

## 2. Activity Description

<b>Demolition/Disposition Activity Description</b> <b>(Not including Activities Associated with HOPE VI or Conversion Activities)</b>
1a. Development name: 1b. Development (project) number:
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>
5. Number of units affected:
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for      units <input type="checkbox"/> Public housing for      units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for      units (describe below)
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:

**4. Voucher Homeownership Program**

[24 CFR Part 903.7 9 (k)]

- A. ☐ Yes ☒ No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If “No”, skip to next component; if “yes”, describe each program using the table below (copy and complete questions for each program identified.)

**B. Capacity of the PHA to Administer a Section 8 Homeownership Program**

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- ☐ Establishing a minimum homeowner downpayment requirement of at least 3 percent and requiring that at least 1 percent of the downpayment comes from the family's resources
- ☐ Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- ☐ Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

## **5. Safety and Crime Prevention: PHDEP Plan**

[24 CFR Part 903.7 (m)]

Exemptions Section 8 Only PHAs may skip to the next component PHAs eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- A. ☐ Yes ☒ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$ \_\_\_\_\_
- C. ☐ Yes ☒ No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.
- D. ☐ Yes ☐ No: The PHDEP Plan is attached at Attachment \_\_\_\_\_

## **6. Other Information**

[24 CFR Part 903.7 9 (r)]

### **A. Resident Advisory Board (RAB) Recommendations and PHA Response**

1. ☐ Yes ☒ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are Attached at Attachment (File name)
3. In what manner did the PHA address those comments? (select all that apply)
- ☐ The PHA changed portions of the PHA Plan in response to comments  
A list of these changes is included
    - ☐ Yes ☐ No: below or
    - ☐ Yes ☐ No: at the end of the RAB Comments in Attachment \_\_\_\_\_.

☐ Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the at the end of the RAB Comments in Attachment \_\_\_\_.

☐ Other: (list below)

## **B. Statement of Consistency with the Consolidated Plan**

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: Nebraska Department of Economic Development

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

- ☒ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
- ☐ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- ☐ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- ☐ Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
- ☐ Other: (list below)

3. PHA Requests for support from the Consolidated Plan Agency

☐ Yes ☒ No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

## **C. Criteria for Substantial Deviation and Significant Amendments**

### **1. Amendment and Deviation Definitions**

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

**A. Substantial Deviation from the 5-year Plan:** A substantial deviation from the 5-year Plan occurs when the board of commissioners decides that it wants to change the mission statement, goals, or objectives of the 5-year plan.

**B. Significant Amendment or Modification to the Annual Plan:** Significant amendments or modifications to the Annual Plan are defined as discretionary changes in the plans or policies of the housing authority that fundamentally change the plans of the agency and which require formal approval of the Board of Commissioners.



## **Attachment A**

### **Supporting Documents Available for Review**

PHAs are to indicate which documents are available for public review by placing a mark in the “Applicable & On Display” column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
Origination Year	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
	Any policy governing occupancy of Police Officers in Public Housing <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
X	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
X	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
	PHDEP-related documentation: <ul style="list-style-type: none"> <li>· Baseline law enforcement services for public housing developments assisted under the PHDEP plan;</li> <li>· Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15);</li> <li>· Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities;</li> <li>· Coordination with other law enforcement efforts;</li> <li>· Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and</li> <li>· All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan.</li> </ul>	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Pet Policy

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>					
<b>PHA Name:</b>  <b>ORD HOUSING AUTHORITY</b>		<b>Grant Type and Number</b> Capital Fund Program: NE26P00550101 Capital Fund Program Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b>  <b>2001</b>
<input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no:     )</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$174,733.00			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	\$5,220.00			
13	1475 Nondwelling Equipment	\$11,500.00			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	\$191,453.00			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>					
<b>PHA Name:</b>  ORD HOUSING AUTHORITY		<b>Grant Type and Number</b> Capital Fund Program: NE26P00550101 Capital Fund Program Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b>  2001
<input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no:     )</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
<b>Line No.</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost</b>	
24	Amount of line 20 Related to Energy Conservation Measures	\$85,733.00			

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: ORD HOUSING AUTHORITY		<b>Grant Type and Number</b> Capital Fund Program #: NE26P00550101 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
NE 005-01	REPLACE SIDING	1460	8 FOUR- PLEXES	\$48,000.00				
NE 005-02	REPLACE SIDING	1460	2 MULTI- UNIT APMT BLDGS	\$41,000.00				
	INSTALL NEW WINDOWS	1460	2 MULTI- UNITAPMT BLDGS	\$72,000.00				
	REPLACE HOT WATER HEATERS	1460	28 SS UNITS	\$10,733.00				
	REFURBISH MAIN ADMIN BLDG & REC RM – FURNISHINGS, DRAPES, WALL COVERINGS, OFFICE AND CONF RM ACCOUTERMENTS	1475		\$11,500.00				
	REPLACE CONF RM EXTERIOR DOORS	1470		\$1,500.00				
	INSTALL WINDOW IN ADMINISTRATION BLDG	1470		\$3,720.00				
NE 005-03	PURCHASE EXERCISE EQUIPMENT FOR ROLLING HILLS TERRACE	1465.1		\$3000.00				

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: ORD HOUSING AUTHORITY		<b>Grant Type and Number</b> Capital Fund Program #: NE26P00550101 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	







## Capital Fund Program 5-Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP 5-Year Action Plan		
<input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
	PHA WIDE	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Computer System and Software Replacement	\$13,453.00	2002
Total estimated cost over next 5 years	\$13,453.00	

CFP 5-Year Action Plan		
<input type="checkbox"/> Original statement <input checked="" type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
NE 005 – 01	Parkview Village (Phase I)	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
REPLACE 42-YEAR-OLD BOILERS WITH FORCED AIR HEATING AND COOLING SYSTEMS	\$118,500.00	2004
Total estimated cost over next 5 years	\$118,500.00	

CFP 5-Year Action Plan		
<input type="checkbox"/> Original statement <input checked="" type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
NE 005 – 02	Parkview Village (Phase II) and Scattered Sites	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
REPLACE BOILER SYSTEM WITH A CENTRALIZED FORCED AIR HEATING AND COOLING SYSTEM	\$72,953.00	2004
INSTALL CENTRAL HEAT AND AIR IN 28 SCATTERED SITE UNITS	\$178,000.00	2002
LOWER CEILINGS IN 11 SCATTERED SITE UNITS	\$30,720.00	2003
CONVERT FOUR 1-BEDROOM UNITS TO TWO 2-BEDROOM UNITS	\$80,733.00	2003
INSTALL WATER SOFTENERS UNITS IN SCATTERED SITE UNITS	\$28,000.00	2005
<b>Total estimated cost over next 5 years</b>	<b>\$390,406.00</b>	

CFP 5-Year Action Plan		
<input type="checkbox"/> Original statement <input checked="" type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
NE 005 - 03	ROLLING HILLS TERRACE	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
CONVERT FOUR 1-BEDROOM UNITS TO TWO 2-BEDROOM UNITS	\$65,000.00	2003
REPLACE OVENS WITH SELF-CLEANING OVENS	\$15,000.00	2003
REPLACE WINDOWS AND MECHANICAL DOORS	\$95,000.00	2005
REPLACE CONCRETE AND RESURFACE PARKING LOT	\$39,453.00	2005
REPLACE EXTERIOR DOORS AND STORMS ON 3 HC APMTS	\$2,000.00	2005
REPLACE CRUMBLING RETAINING WALL	\$17,000.00	2005
Total estimated cost over next 5 years	\$233,453.00	

CFP 5-Year Action Plan		
<input type="checkbox"/> Original statement <input checked="" type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
NE 005 - 04	NEW CONSTRUCTION SCATTERED SITES	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
INSTALL WATER SOFTENERS IN EACH OF 10 UNITS	\$10,000.00	2005
Total estimated cost over next 5 years	\$10,000.00	

**Required Attachment \_\_\_\_: Resident Member on the PHA Governing Board**

1. ☒ Yes ☐ No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board: Maxine Wallace

B. How was the resident board member selected: (select one)?

- ☐ Elected  
☒ Appointed

C. The term of appointment is (include the date term expires): Five Years (Term expires December 31, 2004)

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?
- ☐ the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis
  - ☐ the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.
  - ☐ Other (explain):

B. Date of next term expiration of a governing board member:

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):



**Required Attachment \_\_\_\_\_: Membership of the  
Resident Advisory Board or Boards**

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

Fern Hays  
Erma Klanecky  
Elda Anderson  
Maxine Wallace  
Minnie Knopp  
Mary Wilson

## ATTACHMENT G

### FOLLOW-UP PLAN – SAFETY

#### REAC CUSTOMER SERVICE AND SATISFACTION SURVEY

The following comments are provided and actions will be or have been taken by Ord Housing Authority in compliance with HUD requirements to address customer service areas falling below the 75<sup>th</sup> percentile level in survey replies.

A breakdown of the scores by question indicates a high level of confidence in the safety felt by housing authority residents, as well as, adequacy of our facilities, grounds, and infrastructure. There have been no known incidents of criminal activity in or around housing authority properties in staff or resident memory. Our elderly residents are particularly vigilant concerning the comings and goings from any unit, and diligently report any unusual event to housing authority personnel. Scattered site units are usually grouped from two to four units and are equally observed by “neighbor” residents.

The average score of the first 10 “safety” questions is 91.09; the average score of 6 of the 7 “contributing” questions is 90.78. The heavily weighted survey question number 12 asks whether or not the residents are aware of crime prevention programs within this agency or the community. The need for these type organizations is not uniform across America. It should take no great deal of imagination to understand that our residents do not know of any such organization as, in the absence of need, no such organization existed at the time of this survey. But, there has now been chartered in Valley County, since last year’s survey, a local chapter of Crime Stoppers.

#### Actions Taken:

Information regarding the establishment of this organization has been disseminated to all residents by individual letter, the monthly calendar, and through the Resident Advisory Council. The letters advocate resident involvement to include no less than reporting any crime or suspected criminal activity. Resident meetings will be arranged to promote greater saturation of this information, and any available posters will be prominently displayed in common areas of all apartment complexes. To further awareness, the local newspaper publishes a weekly “crime of the week” on the front page, but, of course, only on the weeks a crime has actually occurred.

## ATTACHMENT H

### FOLLOW-PLAN – COMMUNICATION

#### REAC CUSTOMER SERVICE AND SATISFACTION SURVEY

The following remedial actions have been or will be taken by Ord Housing Authority in compliance with HUD requirements to address customer service areas falling below the 75<sup>th</sup> percentile level in survey replies:

- ❖ Efforts to increase the number of personalized correspondences to residents have been made regarding any and all actions or occurrences which might impact residents.
- ❖ The depth and scope of information provided in our monthly “Calendar of Events” has been broadened even to the extent of duplicating information previously disseminated.
- ❖ All staff members have participated in a discussion/training session to think more of their individual job from the aspect of customer service.
- ❖ Continuing training will be scheduled to heighten staff awareness and serve as a consistent reminder to remain customer oriented.
- ❖ Every possible effort is being made by the administrative staff to remind residents of upcoming disruptions in any service due to maintenance or modernization activities either by personal phone call or face-to-face contact, and to do so in as timely a manner as is possible.
- ❖ Resident Council and general residency meetings will be arranged to recognize and determine the extent of problems relating to the perception of communication or lack thereof.

## **CAPITAL FUND PROGRAM TABLES START HERE**

### **CIAP BUDGET/PROGRESS REPORT – 1998**

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHA Name: ORD HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: NE26P00590698 <b>CIAP</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>1998</b>
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    )					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration	\$15,500.00	\$9,873.54	\$9,873.54	\$9,873.54
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	\$45,000.00	\$60,322.35	\$60,322.35	\$43,617.52
10	1460 Dwelling Structures	\$262,226.00	\$252,530.11	\$252,530.11	\$250,966.01
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHA Name:</b> ORD HOUSING AUTHORITY		<b>Grant Type and Number</b> Capital Fund Program Grant No: NE26P00590698 <b>CIAP</b> Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 1998
<input type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no:     )</b> <input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$322,726.00	\$322,726.00	\$322,726.00	\$304,457.07
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures	\$163,026.00	\$151,975.53	\$151,965.53	\$151,965.53

## Annual Statement/Performance and Evaluation Report

### Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

#### Part II: Supporting Pages

PHA Name: ORD HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: NE26P00590698 Replacement Housing Factor Grant No:				Federal FY of Grant: 1998		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-Wide	Grant Administration	1410		\$15,500.00	\$9,873.54	\$9,873.54	\$9,873.54	Complete
NE 5-1	Re-Roofing	1460	7 Bldgs	\$40,000.00	\$42,978.82	\$42,978.82	\$42,978.82	Complete
	Window Replacement	1460	7 Bldgs	\$98,000.00	\$96,996.14	\$96,996.14	\$96,996.14	Complete
	Entrance doors, storms and locks	1460	32 Units	\$25,600.00	\$21,911.56	\$21,911.56	\$21,911.56	Complete
	Ceiling Fans and lights	1460	32 Units	\$20,000.00	\$7,267.28	\$7,267.28	\$7,267.28	Complete
	Tile and Carpet	1460	32 Units	\$59,200.00	\$57,575.76	\$57,575.76	\$57,575.76	Complete
NE 5-2	Entrance doors, storms and locks	1460	18 Units	\$14,000.00	\$24,606.19	\$24,606.19	\$24,606.19	Complete
	Scattered Site Drive Replacement	1450	13 Drives	\$40,000.00	\$40,000.00	\$40,000.00	\$32,991.06	Open
	Service/overhaul boilers	1460	10 boilers	\$5,426.00	\$1,194.36	\$1,194.36	\$1,194.36	Complete
NE 5-1&2	Resurface/pave sidewalks	1450		\$5,000.00	\$20,322.35	\$20,322.35	\$10,322.35	Open

## Annual Statement/Performance and Evaluation Report

### Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

[illegible]

## CIAP BUDGET/PROGRESS REPORT - 1999

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHA Name:</b> ORD HOUSING AUTHORITY		<b>Grant Type and Number</b> Capital Fund Program Grant No: NE26P00590799 <b>CIAP</b> Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 1999
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    )					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: December 31,2000 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration	\$7,000.00	\$0.00	\$0.00	\$0.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	\$10,899.00	\$0.00	\$0.00	\$0.00
10	1460 Dwelling Structures	\$147,000.00	\$148,483.26	\$148,483.26	\$112,613.53
11	1465.1 Dwelling Equipment—Nonexpendable	\$10,000.00	\$9,447.32	\$9,447.32	\$9,447.32
12	1470 Nondwelling Structures	\$15,000.00	\$31,968.42	\$31,968.42	\$31,968.42
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				



<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHA Name: ORD HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: NE26P00590799 <b>CIAP</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>1999</b>
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    )					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: December 31,2000 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$189,899.00	\$189,899.00	\$189,899.00	\$154,029.27
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

## Annual Statement/Performance and Evaluation Report

### Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

#### Part II: Supporting Pages

PHA Name: ORD HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: NE26P00590799 CIAP Replacement Housing Factor Grant No:				Federal FY of Grant: 1999		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-Wide	Grant Administration	1410		\$7,000.00	\$0.00	\$0.00	\$0.00	Complete
NE 5-1	Sidewalk Replacement	1450		\$10,899.00	\$0.00	\$0.00	\$0.00	Complete
NE 5-1 & 2	Vanities, fixtures, heat lamps & fixtures	1460	49 Apmts	\$32,500.00	\$21,000.00	\$21,000.00	\$15,327.88	Open
	Kitchen cabinets & fixtures	1460	46 Apmts	\$73,500.00	\$101483.26	\$101483.26	\$85,925.07	Open
NE 5-3	Bathroom Vanities & heat lamps	1460	30 Apmts	\$21,000.00	\$21,000.00	\$21,000.00	\$11,360.58	Open
	Washers & Dryers	1465.1	4 each	\$10,000.00	\$9,447.32	\$9,447.32	\$9,447.32	Complete
NE 5-4	Three-Quarter Baths	1460	1	\$20,000.00	\$5,000.00	\$5,000.00	\$0.00	Open
NE 5-2	Maintenance/Carpentry Shop	1470	1	\$15,000.00	\$31,968.42	\$31,968.42	\$31,968.42	Complete

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part III: Implementation Schedule**

[illegible]

## ANNUAL STATEMENT/PERFORMANCE AND EVALUATION REPORT – 2000 CFP

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHA Name: ORD HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: NE26P0050100 Replacement Housing Factor Grant No:			Federal FY of Grant: 2000
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: 1)					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	\$24,000.00	\$24,000.00	\$0.00	\$0.00
10	1460 Dwelling Structures	\$129,207.00	\$150,207.00	\$0.00	\$0.00
11	1465.1 Dwelling Equipment—Nonexpendable	\$21,000.00	\$0.00	\$0.00	\$0.00
12	1470 Nondwelling Structures	\$7,000.00	\$7,000.00	\$0.00	\$0.00
13	1475 Nondwelling Equipment	\$6,526.00	\$6,526.00	\$0.00	\$0.00
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency				

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHA Name: ORD HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: NE26P0050100 Replacement Housing Factor Grant No:			Federal FY of Grant: 2000
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: 1)					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$187,733.00	\$187,733.00	\$0.00	\$0.00
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures	\$56,000.00	\$56,000.00	\$0.00	\$0.00

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name: ORD HOUSING AUTHORITY		<b>Grant Type and Number</b> Capital Fund Program Grant No: NE26P0050100 Replacement Housing Factor Grant No:				Federal FY of Grant: 2000		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
NE 005-01	SIDEWALK REPLACEMENT	1450		\$12,000.00		\$0.00	\$0.00	
	INSTALL OVERHEAD LIGHTING	1460	26	\$1,500.00		\$0.00	\$0.00	
	INSTALL STORAGE UNITS IN FILES AREA	1475		\$6,526.00		\$0.00	\$0.00	
	INSTALL EMERGENCY ALARMS	1460	31	\$12,600.00		\$0.00	\$0.00	
NE 005-02	REPLACE REC ROOM CARPETING	1470		\$7,000.00		\$0.00	\$0.00	
	SIDEWALK REPLACEMENT	1450		\$12,000.00		\$0.00	\$0.00	
	INSTALL EMERGENCY ALARMS	1460	18	\$8,400.00		\$0.00	\$0.00	
NE 005-03	RECARPET COMMON AREAS Originally 2003 -Revised for Fungibility	1460		\$71,707.00		\$0.00	\$0.00	

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name: ORD HOUSING AUTHORITY		<b>Grant Type and Number</b> Capital Fund Program Grant No: NE26P0050100 Replacement Housing Factor Grant No:				Federal FY of Grant: 2000		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
NE 005-03	REPLACE HEATING AND COOLING UNITS Originally 2003 -Revised for Fungibility	1460	30	\$56,000.00		\$0.00	\$0.00	

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part III: Implementation Schedule**

[illegible]



**Capital Fund Program Five-Year Action Plan**  
**Part I: Summary**

PHA Name Ord Housing Authority				<input type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
Development Number/Name/HA- Wide	Year 1	Work Statement for Year 2 FFY Grant: 2002 PHA FY: 2002	Work Statement for Year 3 FFY Grant: 2003 PHA FY: 2003	Work Statement for Year 4 FFY Grant: 2004 PHA FY: 2004	Work Statement for Year 5 FFY Grant: 2005 PHA FY: 2005
NE 005-01 Parkview Village Phase 1	Annual Statement			\$118,500.00	
NE 005-02 Parkview Village Phase 2 and 28 Scattered Site Units		\$178,000.00	\$111,453.00	\$72,953.00	\$28,000.00
NE 005-03 Rolling Hills Terrace			\$80,000.00		\$153,453.00
NE 005-04 10 Scattered Site Units					\$10,000.00
HA -wide		\$13,453.00			
CFP Funds Listed for 5-year planning		\$191,453.00	\$191,453.00	\$191,453.00	\$191,453.00
Replacement Housing Factor Funds					

## **Capital Fund Program Five-Year Action Plan**

### **Part II: Supporting Pages—Work Activities**

Activities for Year 1	Activities for Year : <u>  2  </u> FFY Grant: 2002 PHA FY: 2002			Activities for Year: <u>  3  </u> FFY Grant: 2003 PHA FY: 2003		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See	NE 005-02	Central Heat & Air	\$178,000.00	NE 005 - 02	Lower 11 Ceilings	\$30,720.00
Annual					Convert Apmts to 2BR	\$80,733.00
Statement	Subtotal		\$178,000.00			
				Subtotal		\$111,453.00
	HA-wide	Computers/Software	\$13,453.00			
				NE 005 - 03	Convert Apmts to 2BR	\$65,000.00
	Subtotal		\$13,453.00		Replace Ovens	\$15,000.00
				Subtotal		\$80,000.00
<b>Total CFP Estimated Cost</b>			\$191,453.00			\$191,453.00

## Part II: Supporting Pages—Work Activities

Capital Fund Program Tables Page 16

**Component 3, (6) Deconcentration and Income Mixing**

- a. ☐ Yes ☒ No: Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? If no, this section is complete. If yes, continue to the next question.
- b. ☐ Yes ☐ No: Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments? If no, this section is complete.

If yes, list these developments as follows:

Deconcentration Policy for Covered Developments			
Development Name:	Number of Units	Explanation (if any) [see step 4 at §903.2(c)(1)(iv)]	Deconcentration policy (if no explanation) [see step 5 at §903.2(c)(1)(v)]